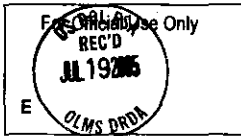


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3585</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Eric</u> <u>L</u> <u>Moore</u> P.O. Box, Bldg., Room No., if any Street <u>800 Troy-Schenectady Rd</u> City <u>Latham</u> State <u>New York</u> ZIP Code + 4 <u>12110-2455</u>	4. Name, file number, and address of labor organization. Name <u>New York State United Teachers (NYSUT)</u> Labor Organization File Number <u>070-581</u> P.O. Box, Building and Room Number, if any Street <u>800 Troy-Schenectady Rd</u> City <u>Latham</u> State <u>New York</u> ZIP Code + 4 <u>12110-2455</u>
5. Position in labor organization. <u>Coordinator of Benefits</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Eric L. Moore</u>	On <u>7/11/2005</u> Date	<u>518-213-6000</u> Telephone Number

Name of Person Filing Eric Moore

File Number U-3585

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AIG American General

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3600 Route 66City NeptuneState New Jersey ZIP Code + 4 07754-1581

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New York State United Teachers Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady RdCity LathamState New York ZIP Code + 4 12110-2455

11.a. Nature of such dealing.

Insurance provider of programs endorsed by NYSUT Benefit Trust

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

2/4/2004-Dinner in connection with business meeting Estimate- \$50.00

12.b. Amount.

estimated \$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **Eric Moore**File Number U- **3585****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Disability Consulting Group Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street 145 Commercial Street City Portland State Maine ZIP Code + 4 04101	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name New York State United Teachers Benefit Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street 800 Troy-Schenectady Rd City Latham State New York ZIP Code + 4 12110-2455	11.a. Nature of such dealing. Insurance administrator of program endorsed by NYSUT Benefit Trust
	11.b. Approximate dollar value of such dealing. unknown 12.a. Nature of interest held or income received. 2/2/2004 to 2/3/2004- Attendance at insurance seminar Estimate- \$150 2/23/2004- Dinner in connection with business meeting Estimate- \$50 9/15/2004- Dinner in connection with business meeting Estimate- \$50 12.b. Amount. estimated \$250

Name of Person Filing **Eric Moore**

File Number U-

3585**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **Marsh Affinity Group Services**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1440 Renaissance Drive**City **Park Ridge**State **Illinois**ZIP Code + 4 **60068-1400****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **New York State United Teachers Benefit Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **800 Troy-Schenectady Rd**City **Latham**State **New York**ZIP Code + 4 **12110-2455****11.a. Nature of such dealing.****Insurance administrator of programs endorsed by NYSUT Benefit Trust****11.b. Approximate dollar value of such dealing.****unknown****12.a. Nature of interest held or income received.**

3/24/2004- Dinner in connection with annual convention Estimate- \$50.00
9/23/2004- Dinner in connection with business meeting Estimate- \$50.00
10/6/2004- Dinner in connection with business meeting Estimate- \$40.00

12.b. Amount.**estimated \$140**

Name of Person Filing Eric Moore

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3585

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Marsh Affinity Group Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1440 Renaissance Drive

City Park Ridge

State Illinois

ZIP Code + 4 60068-1400

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New York State United Teachers Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady Rd

City Latham

State New York

ZIP Code + 4 12110-2455

11.a. Nature of such dealing.

Insurance Administrator of programs endorsed by NYSUT Benefit Trust

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

12/20/2004 (Approx) - Holiday pointsettia plant

12.b. Amount.

estimated \$45

Name of Person Filing **Eric Moore**

File Number U-

3585**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Met Life Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 501 US Highway 22 City Bridgewater State New Jersey ZIP Code + 4 08807-6891	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name New York State United Teachers Benefit Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 800 Troy-Schenectady Rd City Latham State New York ZIP Code + 4 12110-2455	11.a. Nature of such dealing. Insurance provider of programs endorsed by NYSUT Benefit Trust 11.b. Approximate dollar value of such dealing. unknown 12.a. Nature of interest held or income received. 1/07/2004- Dinner in connection with business meeting Estimate- \$50.00 1/14/2004- Dinner in connection with business meeting Estimate- \$50.00 8/16/2004- Lunch in connection with business meeting Estimate- \$40.00 12.b. Amount. estimated \$140

Name of Person Filing **Eric Moore**

File Number U-

3585**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **UNUM/Provident**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2211 Congress Street**City **Portland**State **Maine**ZIP Code + 4 **04122****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **New York State United Teachers Benefit Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **800 Troy-Schenectady Rd**City **Latham**State **New York**ZIP Code + 4 **12110-2455****11.a. Nature of such dealing.****Insurance provider of programs endorsed by NYSUT Benefit Trust****11.b. Approximate dollar value of such dealing.****unknown****12.a. Nature of interest held or income received.**

5/17/2004- Dinner and lodging in connection with
business meeting Estimate- \$185.00
8/19/2004- Dinner in connection with business
meeting Estimate- \$50.00

12.b. Amount.**estimated \$235**